

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Michael Lebner

Application No.: 10/625,936

Filing Date: July 24, 2003

Title: DEVICE FOR LACERATION OR INCISION CLOSURE

Examiner: Kim M. Lewis

Art Unit: 3772

Docket No.: 0156-2009US01

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with
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Addressed to: MAIL STOP ISSUE FEE, Commissioner of Patents, P.O.
Box 1450, Alexandria, VA 22313-1450 on 12/21/07

D. Kellom

PIERCE ATWOOD

12/21/07

STATEMENT OF LOSS OF ENTITLEMENT TO SMALL ENTITY STATUS

IN ACCORDANCE WITH 37 C.F.R. §§ 1.27(g)(2)

MAIL STOP ISSUE FEE
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the Issue Fee payment being submitted concurrently herewith, the undersigned hereby states that:

1. Applicant is no longer entitled to small entity status and, therefore, submits payment which is twice the amount of the Issue Fee shown on Part B - Fee(s) Transmittal (PTOL-85).

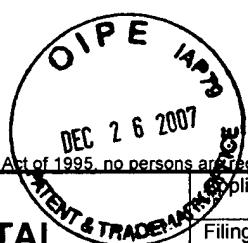
Respectfully submitted,

Kevin M. Farrell
Registration No.: 35,505
(603) 433-6300

Dated: 12/21/07

Portsmouth, NH 03801

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|--|------------------------|----------------|
| | | Application Number | 10/625,936 |
| | | Filing Date | July 24, 2003 |
| | | First Named Inventor | Michael Lebner |
| | | Art Unit | 3772 |
| | | Examiner Name | Kim M. Lewis |
| Total Number of Pages in This Submission | | Attorney Docket Number | 0156-2009US01 |

| ENCLOSURES (Check all that apply) | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Notice of Allowance and Fee(s) Due; Statement of Loss of Entitlement to Small Entity Status; Check in the amount of \$1740 and Return Receipt Postcard. | Remarks The Commissioner is hereby authorized to charge any fee deficiencies or credit any overpayments associated with this submission to the PIERCE ATWOOD LLP Deposit Account No. 50-0282. |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
| Firm Name | PIERCE ATWOOD LLP | | |
| Signature | | | |
| Printed name | KEVIN M. FARRELL | | |
| Date | 12/21/07 | Reg. No. | 35,505 |

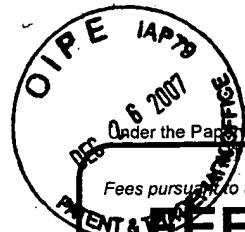
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | |
|-----------------------|-----------------|
| Signature | |
| Typed or printed name | DEBRA J. KELLOG |
| | Date 12/21/07 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

| | |
|-------------------------|---------------|
| TOTAL AMOUNT OF PAYMENT | (\\$) 1740.00 |
|-------------------------|---------------|

| Complete if Known | |
|--------------------------|----------------|
| Application Number | 10/625,936 |
| Filing Date | July 24, 2003 |
| First Named Inventor | Michael Lebner |
| Examiner Name | Kim M. Lewis |
| Art Unit | 3772 |
| Attorney Docket No. | 015-2009US01 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-0282 Deposit Account Name: Pierce Atwood LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | _____ |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | _____ |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | _____ |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | _____ |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> |
|---------------------|---------------------|-----------------|----------------------|---------------------|-----------------|-----------------|
| | - 20 or HP = | x | = | | | |

HP = highest number of total claims paid for, if greater than 20.

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|----------------------------------|-----------------|----------------------|
| | - 3 or HP = | x | = | | | |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| _____ | - 100 = | / 50 = (round up to a whole number) x _____ = | | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

| | | | |
|-------------------|------------------|---|------------------------|
| Signature | | Registration No. (Attorney/Agent) 35,505 | Telephone 603-433-6300 |
| Name (Print/Type) | Kevin M. Farrell | | Date 12/21/07 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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